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AANEM & MGFA Scientific Session 2026, Orlando, FL, USA; September 29–October 2, 2026

- RAISE-XT (NCT04225871), a Phase 3, multicenter, open-label extension study, showed clinically meaningful and sustained improvements in MG-specific outcomes in patients with gMG during treatment with zilucoplan, a potent complement C5 inhibitor, up to Week 120¹
- Patients with late-onset MG have a greater comorbidity burden than those with early-onset disease²
 - Quality of life for patients with late-onset MG may also be worse³
- **Here, we evaluated the efficacy of zilucoplan in patients with anti-AChR Ab+ gMG in subgroups defined by age of gMG onset**

- Adults with anti-AChR Ab+ gMG who completed the Phase 2 (NCT03315130) or Phase 3 RCT (NCT04115293; RAISE) could enter RAISE-XT and self-administer daily subcutaneous zilucoplan 0.3 mg/kg injections⁴
- In this *post hoc* analysis, we report CFB to Week 120 in the early- (≤ 50 years) and late- (>50 years) onset subgroups for the following outcome scores:
 - MG-ADL
 - QMG
 - MG-QoL15r
 - Neuro-QoL Short Form Fatigue
- The primary outcome of RAISE-XT was incidence of TEAEs;⁴ safety for each age-of-onset subgroup was also assessed
- The interim data cut-off date for RAISE-XT was November 11, 2023

		Early onset (N=106)	Late onset (N=77)
	Age, years, mean (SD)	43.9 (12.4)	66.2 (5.6)
	Sex, male, n (%)	30 (28.3)	53 (68.8)
MGFA Clinical Class, n (%)	II	26 (24.5)	28 (36.4)
	III	73 (68.9)	44 (57.1)
	IV	7 (6.6)	5 (6.5)
	MG-ADL score, mean (SD)	6.3 (4.5)	6.7 (4.2)
	QMG score, mean (SD)	14.0 (6.0)	14.2 (5.8)
	Prior thymectomy, n (%)	73 (68.9)	15 (19.5)
	Prior MG crisis, n (%)	39 (36.8)	20 (26.0)
	Thymoma diagnosis, n (%)	32 (30.2)	11 (14.3)
	Duration of disease, years, mean (SD)	13.1 (11.2)	4.2 (3.8)
Baseline gMG-specific therapies, n (%)	CS	99 (93.4)	63 (81.8)
	ISTs	86 (81.1)	47 (61.0)
	Cholinesterase inhibitors	104 (98.1)	73 (94.8)

Table 2 Incidence of TEAEs was similar between early- and late-onset subgroups

Safety set, which included all patients who received at least one dose of zilucoplan in RAISE-XT. None of the deaths were related to zilucoplan.

Author disclosures: Michael P. Weiss has received honoraria for serving on scientific advisory boards for Alexion Pharmaceuticals, Amgen, Amlyx Pharmaceuticals, argenx, Biogen, Immunovant, Mitsubishi Tanabe Pharma and R. Pharmaceuticals (now UCB), consulting honoraria from CSL Behring and Cytokinetics, and speaker honoraria from Amgen, Soleo Health, and UCB. He has been a paid Medical Monitor for a NeuroNEXT study. Saskia Bresh has served as a paid Consultant for Alexion Pharmaceuticals, argenx, Biogen, Bristol Myers Squibb, Merck, Roche, Sanofi, Genzyme (now Sanofi) and UCB. Miriam Freimer has served as a paid Consultant for Arcellx, argenx and UCB. She received

- Overall, 106 and 77 patients were included in the early- and late-onset subgroups, respectively (**Table 1**)
 - Severity of disease at baseline was similar between the two subgroups
 - A greater proportion of patients in the early-onset subgroup received CS and ISTs, and had prior MG crises, prior thymectomy and thymoma diagnosis at baseline compared with the late-onset subgroup
- Improvements observed in MG-ADL and QMG scores were sustained through to Week 120 in both early- and late-onset subgroups (**Figure 1**)
- Improvements were also observed for MG-QoL15r and Neuro-QoL Short Form Fatigue scores at Week 120 in both age-of-onset subgroups (**Figure 2**)
 - Mean CFB scores were higher in early-onset subgroup compared with the late-onset subgroup, which may be due to different impact on quality of life in patients with early- and late-onset MG³
 - There is no established clinically meaningful change threshold for MG-QoL15r
- In the RAISE-XT overall population, TEAEs occurred in 97.0% (n/N=194/200) of patients
 - The incidence of TEAEs was generally balanced between the two age-of-onset subgroups (**Table 2**)
 - Patients in the late-onset subgroup experienced more serious and severe TEAEs compared with the early-onset subgroup; however, treatment-related TEAEs were lower in late-onset subgroup compared with the early-onset subgroup

(a) MG-ADL

Early onset

Mean ($\pm$ SE) CFB in MG-ADL score

Double-blind RAISE-XT

Week

● Placebo
◆ Placebo / zilucoplan 0.3 mg/kg
▲ Zilucoplan 0.3 mg/kg / zilucoplan 0.3 mg/kg
■ Zilucoplan 0.3 mg/kg pooled

Group	0	4	8	12	24	36	48	60	72	84	96	108	120
Placebo (n=50)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7
Zilucoplan 0.3 mg/kg (n=56)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7
Zilucoplan 0.3 mg/kg (n=106)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7

(b) QMG

Late onset

Mean ($\pm$ SE) CFB in QMG score

Double-blind RAISE-XT

Week

● Placebo
◆ Placebo / zilucoplan 0.3 mg/kg
▲ Zilucoplan 0.3 mg/kg / zilucoplan 0.3 mg/kg
■ Zilucoplan 0.3 mg/kg pooled

Group	0	4	8	12	24	36	48	60	72	84	96	108	120
Placebo (n=40)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7
Zilucoplan 0.3 mg/kg (n=37)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7
Zilucoplan 0.3 mg/kg (n=77)	0	-1	-2	-3	-4	-5	-6	-7	-7	-7	-7	-7	-7

MG-QoL15r

Group	Mean (± SE) CFB at Week 120
Early onset (n=49)	-12.55
Late onset (n=31)	-7.68

Neuro-QoL Short Form Fatigue T-score

Group	Mean (± SE) CFB at Week 120
Early onset (n=38)	-11.34
Late onset (n=23)	-9.65

mlTT population.

Research support from Aburoxonylram Pharmaceuticals, argenX, Avivity Biosciences, CORe Pharmaceuticals, Dianthus Therapeutics, Fulcrum Therapeutics, Johnson & Johnson Innovative Medicine, the NIH, RemeGen Biosciences and UCB. Channa Hewamadduma is Principal Investigator/NCI in clinical trials in various neuromuscular disorders sponsored by Alexion Pharmaceuticals, argenX, Avityr, Cartesio, Dyner, Janssen Pharmaceuticals (now Johnson & Johnson Innovative Medicine), Merck Serono, Novartis, Pfizer, Regeneron, Sanofi-Schering Plough, Takeda Pharmaceutical Co., Inc., Vertex Pharmaceuticals or educational advisory boards for argenX, Biogen, Lupin, Roche and UCB, and has received an investigator-led research grant from UCB. His study activities were supported by a Sheffield NIHR BRC UK centre grant. He is a trustee of the myasthenia gravis patient organisation Myaware. Raul Juntas-Morales has nothing to disclose. M. Isabel Leite is funded by the NHS (Myasthenia and Related Disorders Service and National Specialised Commissioning Group for Neuromyelitis optica), UK and by the University of Oxford. She has been awarded research grants from UK associations for patients with NMOSD and from the University of Oxford. Miyuki Kishimoto was awarded a postdoctoral fellowship from the University of Oxford. She has received speaker honoraria or travel grants from Biogen, the Guthy-Jackson Charitable Foundation, Novartis and UCB. She serves on scientific or educational advisory boards for argenX, Horizon Therapeutics (now Argen) and UCB. Angelina Maniaci has received payment for travel, meeting attendance, consulting honoraria or advisory board participation from Alexion Pharmaceuticals, argenX, Biogen, Johnson & Johnson and UCB. Masayuki Masuda has received payment for consulting services from AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, Eisai, Eli Lilly, Genzyme, GlaxoSmithKline, Kyowa Hakko Kirin, Menarini, Mitsubishi Tanabe Pharma Corporation, Nippon Shinyaku, Ono Pharmaceutical, Otsuka Pharmaceutical, Sumitomo Dainippon Pharmaceutical, Takeda Pharmaceutical, Teva Pharmaceutical Industries Ltd, UCB, Daiichi Sankyo, Eisai, GSK, Hoffmann-La Roche, Iwama Chemical Industry, Japan Bio Products Organization, Takeda Pharmaceuticals, Tsumura, UCB, Eisai, Kyowa, Menzies, Mitsubishi Tanabe, Nippon Shinyaku, Otsuka, Sumitomo Dainippon, Takeda, Teika, Torii, Toyoda, Yamanouchi.

- In this *post hoc* analysis, we assessed the long-term effect of zilucoplan in subgroups defined by age of onset in patients with gMG in RAISE-XT
- Improvements were sustained for MG-specific outcomes at Week 120 in both age-of-onset subgroups
- Zilucoplan was generally well tolerated in both age-of-onset subgroups
- These data highlight that zilucoplan demonstrated long-term efficacy, irrespective of age at gMG onset

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